



Iowa Department of Human Services

Kim Reynolds Governor Adam Gregg Lt. Governor Jerry R. Foxhoven Director

MENTAL HEALTH INSTITUTE INDEPENDENCE, IOWA

FACSIMILE TRANSMISSION FAX NUMBER: 319-334-5205

DATE: 3/12/18	(3)
TO: Iowa Ethics and Campaign Disclosure Board	()
Des Moines, Iowa 50319 FAX: 615-281-4073	
FROM: Valerie Stanford	
MHI-Independence, Phone: 319-334-5282	· · · · · · · · · · · · · · · · · · ·
Number of pages (including transmission 4 sheet):	
The information contained in this fax is confidential and intended only for the designated recipient. If the reader of this transmittal page is not the intended recipient or a representative of the intended recipient, you are hereby notified that review, dissemination, distribution or copying of this information is forbidden. If you have received this fax in error, please notify the sender immediately by telephone (319) 334-2583 and return the original fax by mail to the above address. Thank You COMMENTS:	

			Report completed by: Diane Wessels	Report completed		* new federal reporting requirement
27	80	24	286	29	13	TOTAL
	_		140	ιτο	10	e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)
			0	O	0	d. Individuals in Groups Indirect Service i.e., derical assistance, etc.
			46	မ	2	c. Individuals in Groups Direct Service to clients/residents
			100	10	-	 b. Individual Volunteers – providing Indirect Service, i.e., derical assistance, etc.
			0	Đ	0	a. Individual Volunteers - providing direct Service to dients/residents
8. # Clients Served - Children 0 to 17*	7. # Clients Served 8. # Se Adults 60 or older Childre	6. # Clients 7. # (Served – Adults 18 to 59 Adul	5. Cumulative Hours to Date	4. Total # Hours Active This Month	Total # Volunteers Active This Month	
	073	Fax number 515-281-4073	71		7	2, # of Groups registered as DHS Volunteer Groups
	to lowa Ethics and Campaign Disclosure Board	o Iowa Ethics and Carr	r.		49	1. # of Individuals registered as DHS Volunteers
ith)	submit report monthly (by end of following month)	submit report monthly (I			2018	
	from for monthly reporting	use this from for mon	R Stall Jacolni Insura	ли адизавина в	February	Monthly Volunteer Report for: For month of:
	va 50644	independence Montal Health Institute Independence, IDWA 50644	ntal Health Institu	independence Mo		

03/06/2018

MONTHLY DONATION REPORT (does not include IVRS)

Feb '18

DATE	REF#	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
			BEGINNING BALANCE	\$36,136.74		
02/02/2018	1747	UPF	WC Financial Bank	Interest-cd	\$17.84	
02/06/2018	1748	UPF	la St Cncl Knight Columbus	pt use	\$250.00	
02/06/2018	7352	UPF	Capitol Vending	pt use		\$10.00
02/08/2018	7363	UPF	Capitol Vending	pt bday		\$5.00
02/19/2018	7354	UPF	Capitol Vending	pt bday		\$5.00
02/21/2018	7355	UPF	Capitol Vending	pt games		\$15.00
02/22/2018	7356	FDF	Buch.Cty Firem. Assoc.	dues		\$30.00
02/22/2018	7357	FDF	Buch Cty Fire Officer Assoc	dues		\$25.00
02/28/2018	7358	UPF	Capitol Vending	pt bday		\$5.00
		}	TOTALS		· \$267.84	\$95.00
	1.8 no. of the conference from metry transporters of the	1	ENDING BALANCE	\$36,309.58		

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health Institute

Region County Buchanan

Name of person completing report Val Stanford

Date

Title Accounting Clerk II

February 2018 Month/Year

Purpose - If Specified Check type Cash In-Kind \$ Value Contribution CONTRIBUTOR
(Name & Address if
Available)

Total value of this page: \$0.00

Total value of pages 1 thru 2: \$267.84